Entity Name: FORT MYERS KIWANIS CLUB, INCORPORATED

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

THE KIWANIS HOUSE 1630 WOODFORD AVE. FT. MYERS, FL 33901

DOCUMENT# N49772

Current Mailing Address:

POST OFFICE BOX 1498 FORT MYERS, FL 33902

FEI Number: 59-6134241

Name and Address of Current Registered Agent:

WINESETTE, ROBERT A 2248 FIRST STREET FORT MYERS, FL 33901 US Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Director Detail :				
Title	DIRECTOR	Title	SECRETARY	
Name	WINESETTE, ROBERT A	Name	CUTSHALL, STEPHANIE	
Address	2248 FIRST STREET	Address	12130 VIA DEL FONTANNA WAY	
City-State-Zip:	FORT MYERS FL 33901	City-State-Zip:	FORT MYERS FL 33919	
Title	DIRECTOR	Title	PRESIDENT	
Name	GAYLOR, PHILLIP	Name	JUDAH, RAY	
Address	1634 WOODFORD AVENUE	Address	12664 COCONUT COURT	
City-State-Zip:	FORT MYERS FL 33916	City-State-Zip:	FORT MYERS FL 33908	
Title	OTHER	Title	DIRECTOR	
Title Name	OTHER SHAW, NATHAN	Title Name	DIRECTOR SHARMA, DENNY	
	-			
Name	SHAW, NATHAN PO BOX 1498	Name	SHARMA, DENNY 6650 PLANTATION PRESERVE CIRCLE	
Name Address	SHAW, NATHAN PO BOX 1498	Name Address	SHARMA, DENNY 6650 PLANTATION PRESERVE CIRCLE	
Name Address City-State-Zip:	SHAW, NATHAN PO BOX 1498 FORT MYERS FL 33902	Name Address City-State-Zip:	SHARMA, DENNY 6650 PLANTATION PRESERVE CIRCLE FORT MYERS FL 33966	
Name Address City-State-Zip: Title	SHAW, NATHAN PO BOX 1498 FORT MYERS FL 33902 DIRECTOR	Name Address City-State-Zip: Title	SHARMA, DENNY 6650 PLANTATION PRESERVE CIRCLE FORT MYERS FL 33966 TREASURER	
Name Address City-State-Zip: Title Name	SHAW, NATHAN PO BOX 1498 FORT MYERS FL 33902 DIRECTOR TRUAX, BILL 6528 DANIEL COURT	Name Address City-State-Zip: Title Name	SHARMA, DENNY 6650 PLANTATION PRESERVE CIRCLE FORT MYERS FL 33966 TREASURER UNDERBERG, ROB 1406 SANDRA DRIVE	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT A. WINESETTE

DIRECTOR

01/25/2013

Date

Electronic Signature of Signing Officer/Director Detail

Date